60/204,376

numbers are listed on a

supplemental priority data sheet PTO/SB/02B attached hereto.

	DECLARATION	ON FOR UT	TILITY	Attorney Do	ocket Nu	imber 310	090.0015			
		DESIGN F APPLICA'	TION	First Named	d Invent	or Ka	nno, et al			
	PATENT	COMPLETE IF KNOWN								
					Application	Number	r			
	Declaration Submitted OR	. S	Filing (sur	after Initial	Filing Date		Ma	ay 15, 2001		
	with Initial				Group Art U	U <b>ni</b> t				
	Filing		(37 CFR 1 required)	1.16(e))	Examiner N	lame				
As a below named inventor, I hereby declare that:										
My resi	My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Method for Inducing Angiogenesis by Electrical Stimulation of Muscles										
the specification of which is attached hereto OR  was filed on (MM/DD/YYYY) as United States Application Number or PCT International  Application Number and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application (Numbers) Country		Foreign Fili			Priority Not Claimed		Certified Copy YES	Attached? NO		
							0000			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
	Application Number	er(s)	F	iling Date (MM/I	OD/YYYY)					
							] Add	itional provisiona	l application	

05/16/2000

## **DECLARATION** – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)			
□ Ad	ditional U.S. or	PCT interna	ational appli	cation numbers a	are listed on a	suppleme	ental priority dat	a sheet PTO/SB/	O2B attached hereto.			
As a named in Office connec		appoint the	following	registered practit	ioner(s) to pro	osecute th	is application an	d to transact all b	usiness in the Patent a	nd Trademark		
☐ Customer Number  OR  Registered practitioner's name/registration number listed below						<b>→</b>				ce Customer ber Bar Code abel Here		
Name				Registration Number			Na	ıme		Registration Number		
Ranjana Kadle John M. Del Vecchio Martin G. Linihan Kevin D. McCarthy David L. Principe			40,041 42,475 24,926 35,278 39,336	R. Kent Roberts Michael F. Scal Patrick J. Tracy Daniel C. Olive Edwin T. Bean,			Scalise Tracy liverio	40,786 34,920 42,187 33,435 16,639				
□ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto  □ Direct all correspondence to: □ Customer Number or Bar Code Label □ OR □ Correspondence address below								ess below				
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City	Buffalo	0			State	tate New York		ZIP	14203-2391	14203-2391		
Country	United State	tes <b>Telephone</b> (7		(716) 856	5-4000		(716) 849-0349					
further that th	ese statements w	vere made w	ith the know	wledge that willfo	ul false staten	nents and	the like so made	on information are punishable butent issued there	nd belief are believed t y fine or imprisonmen on.	o be true; and t, or both, under		
Name of Sole or First Inventor:						A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])						Family Name or Surname						
Shinichi						Kanno						
Inventor's Signature									Date			
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Post Office Address												
City		Pittsbur	gh	State	Pennsy	lvania	ZIP	15215	Country	US		
■ Addition	nal inventors	are being	named or	n the 1 supple	mental Ad	ditional	Inventor(s) s	heet(s) PTO/S	B/02A attached he	ereto.		

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Jo	int Inventor, if any:			☐ A peti	tion has been	n filed for this ur	nsigned inventor			
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Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any])						Family Name or Surname				
Given Nan										
Inventor's Signature							Date			
Residence: City		State			Country		Citizenship			
Post Office Address										
Post Office Address										
=City		State			ZIP		Country			
Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any])				Family Name or Surname						
Inventor's Signature						Date				
Residence: City		State			Country		Citizenship			
Post Office Address										
Post Office Address										
City		State		ZIP		Country				